

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1A
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

Mentally Retarded/Developmentally Disabled Adults

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE <u>Louisiana</u>	A
DATE RECD <u>12-8-98</u>	
DATE APPLD <u>12-21-98</u>	
DATE EFF <u>7-1-96</u>	
HCFA 177 <u>98-21</u>	

TN No. 98-21
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TN No. 94-24

Approval Date 12-21-98

Effective Date 7-1-96

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

Infants and Toddlers With Special Needs

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE <u>Louisiana</u>	A
DATE RECD <u>12-8-98</u>	
DATE APVD <u>12-21-98</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

High Risk Pregnant Women

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

Metropolitan New Orleans area including the parishes of Orleans, Jefferson, St. Charles, St. John, and St. Tammany

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-8-98</u>	
DATE APP'D <u>12-21-98</u>	
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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

HIV Disabled Individuals

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-8-98</u>	
DATE APP'D <u>12-21-98</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

EPSDT Recipients on MR/DD Waiver Waiting List

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-31-00</u>	
DATE APPV'D <u>06-20-00</u>	
DATE EFF <u>03-20-00</u>	
HCFA 179 <u>00-28</u>	

TN No. 00-28
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TN No. 99-20

Approval Date 06-20-00

Effective Date 03-20-00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

CASE MANAGEMENT SERVICES

A. Target Group:

First Time Mothers

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

DHH Region III-Assumption, LaFourche, St. Charles, St. James, St. John,
St. Mary, Terrebonne Parishes

DHH Region IV-Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin,
Vermillion Parishes

DHH Region V-Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis Parishes

DHH Region VIII-Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison,
Morehouse, Ouachita, Richland, Tensas, Union, West Carroll Parishes

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attachment 3.1-A, Item 19

E. Qualification of Providers:

See Case Management Provider Manual

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>06-28-00</u>	
DATE APV'D	<u>08-16-00</u>	
DATE SIT	<u>04-21-00</u>	
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State/Territory: Louisiana

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE	<u>LA</u>	A
DATE RECD	<u>JUL 6 1987</u>	
DATE APP'D	<u>JUL 30 1987</u>	
DATE LFP	<u>See HCFA-179</u>	
HCFA 179	<u>87-24</u>	

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